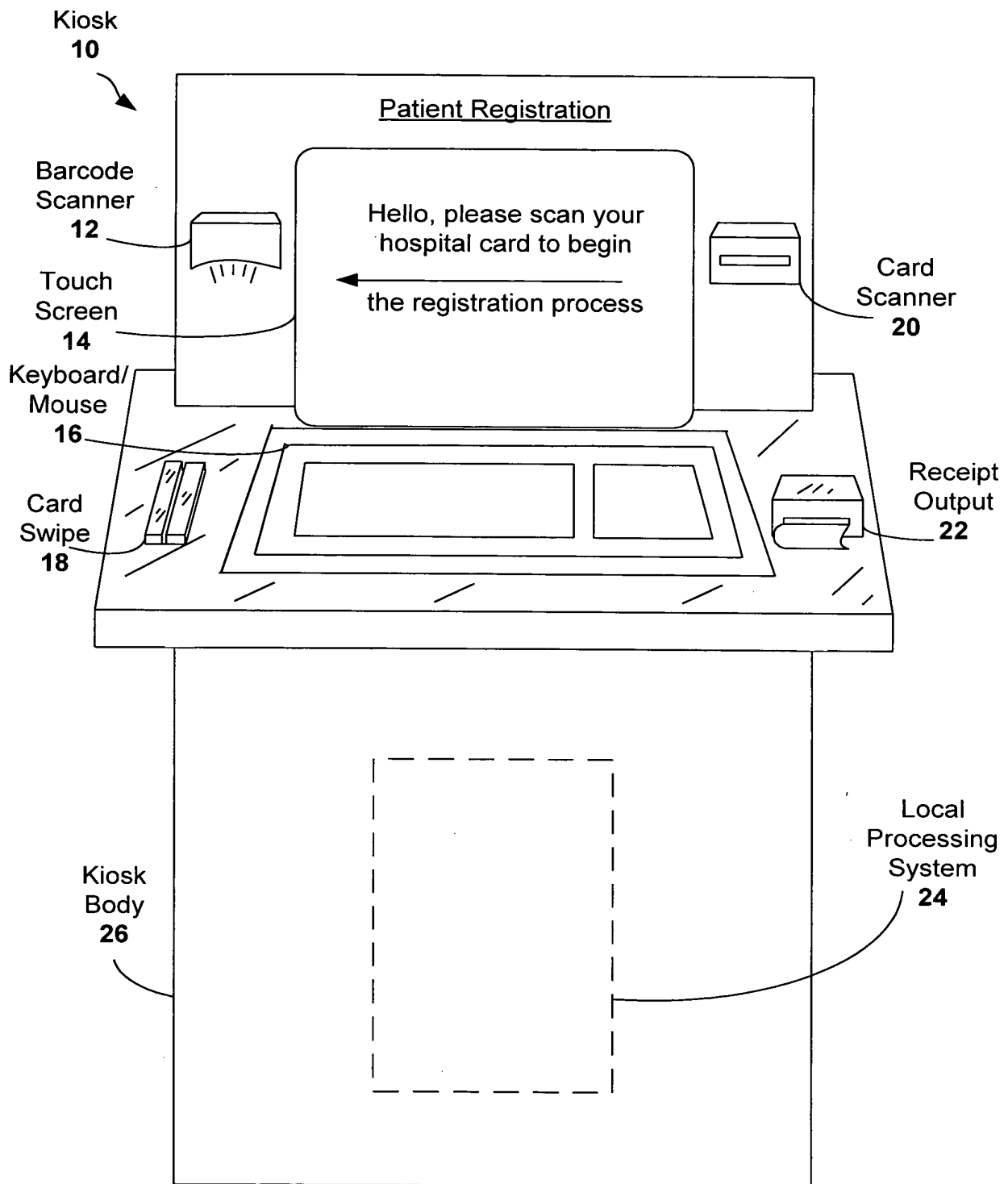
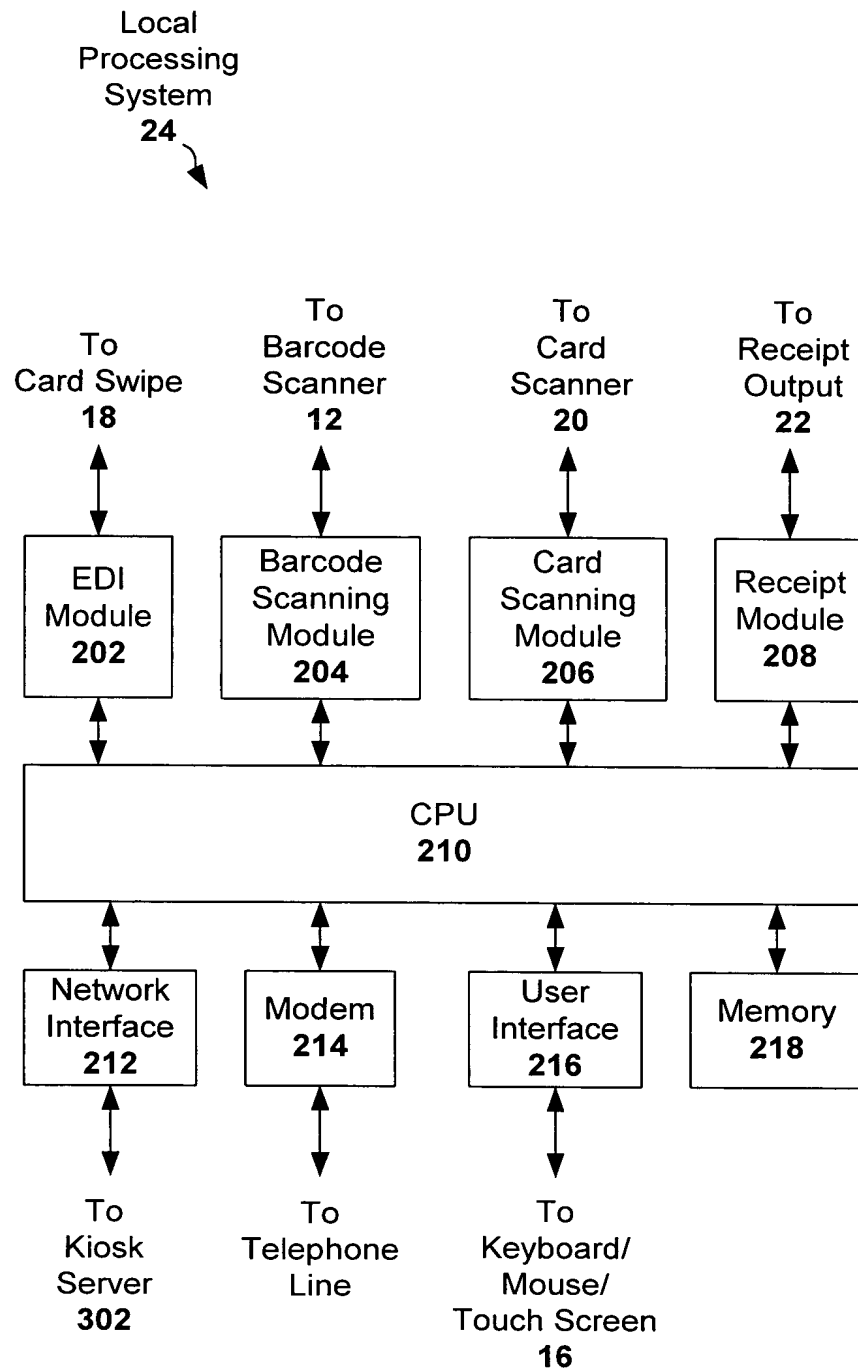


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**Fig. 1**

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**Fig. 2**

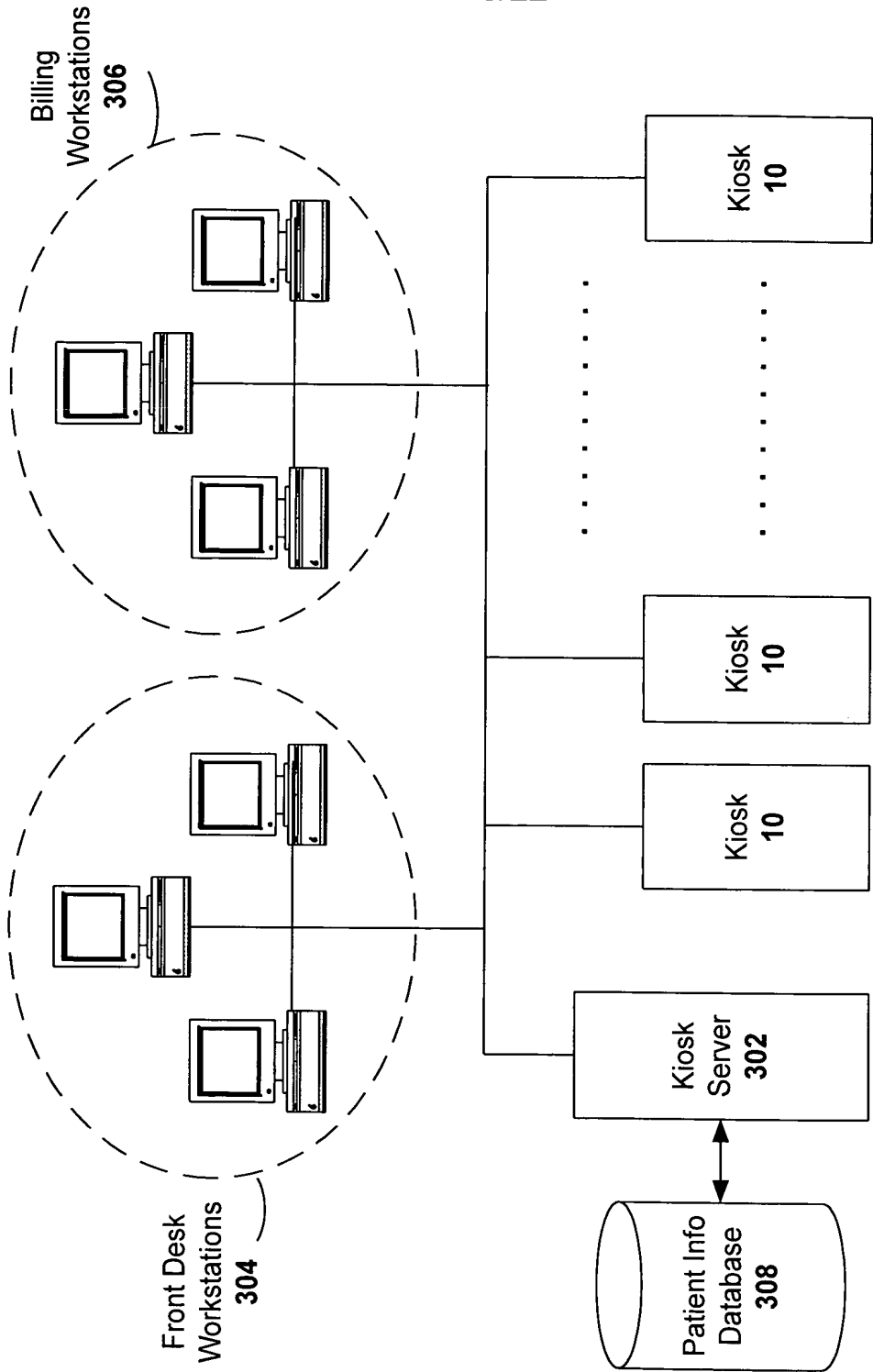
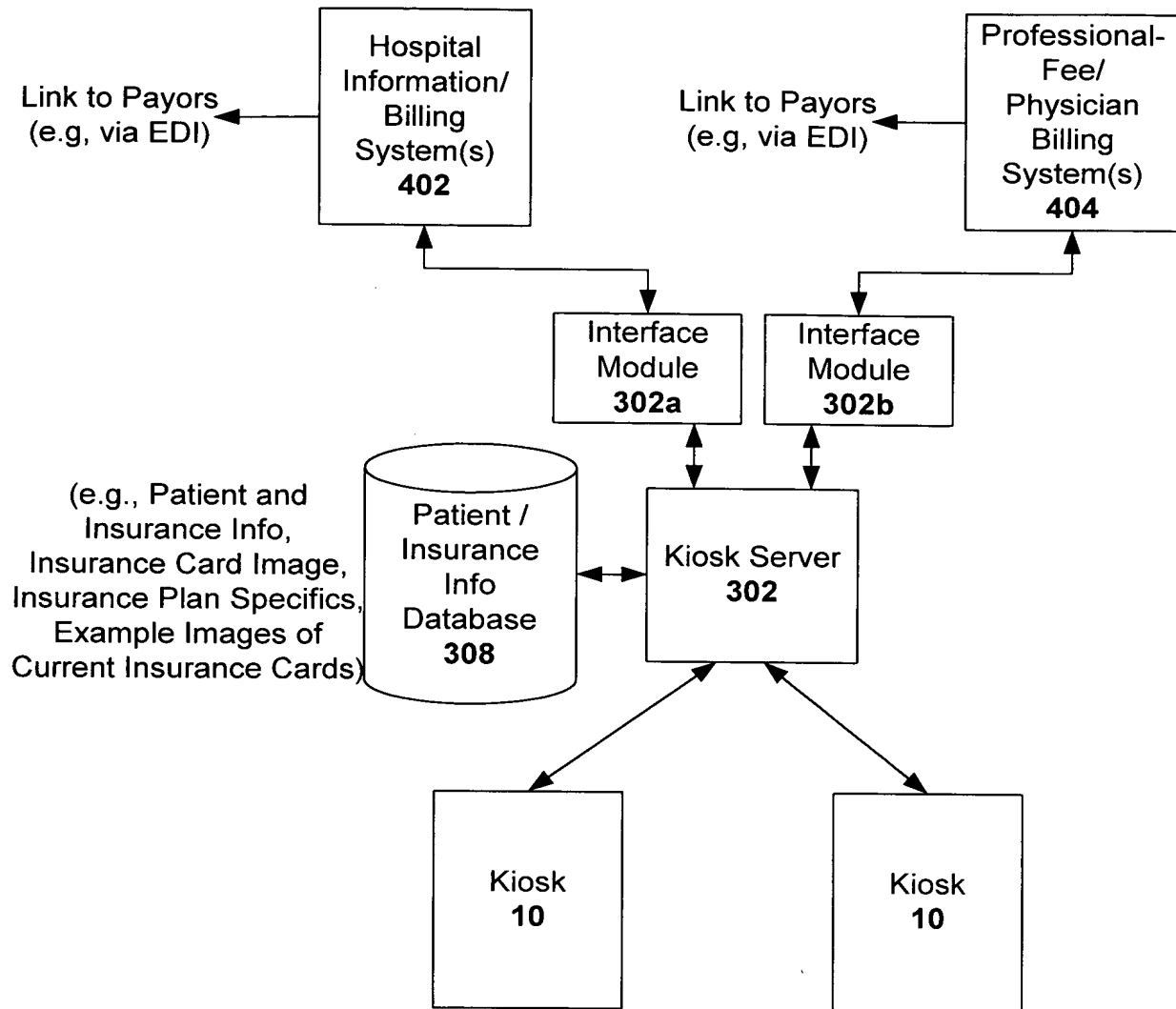


Fig. 3

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**Fig. 4**

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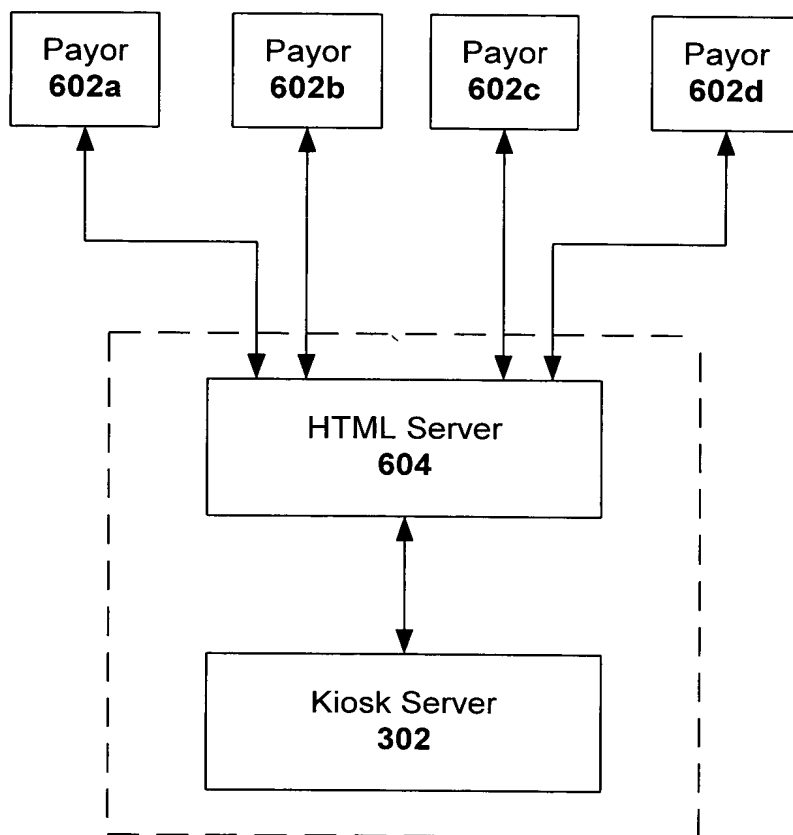
**Sample of Confirmation/Receipt:**

Today's Date: 1/15/03  
Patient Name: John Doe  
DOB: 01/02/60  
Payor: BCBS  
Insurance Type: HMO  
Plan: Access Blue  
Plan #: 200  
Member #: 022-69-3340  
Eligibility: Eligible for Coverage  
Co-pay Amount: \$10.00

Directions:  
Follow BLUE line on floor to  
Internal Medicine B

**Fig. 5**

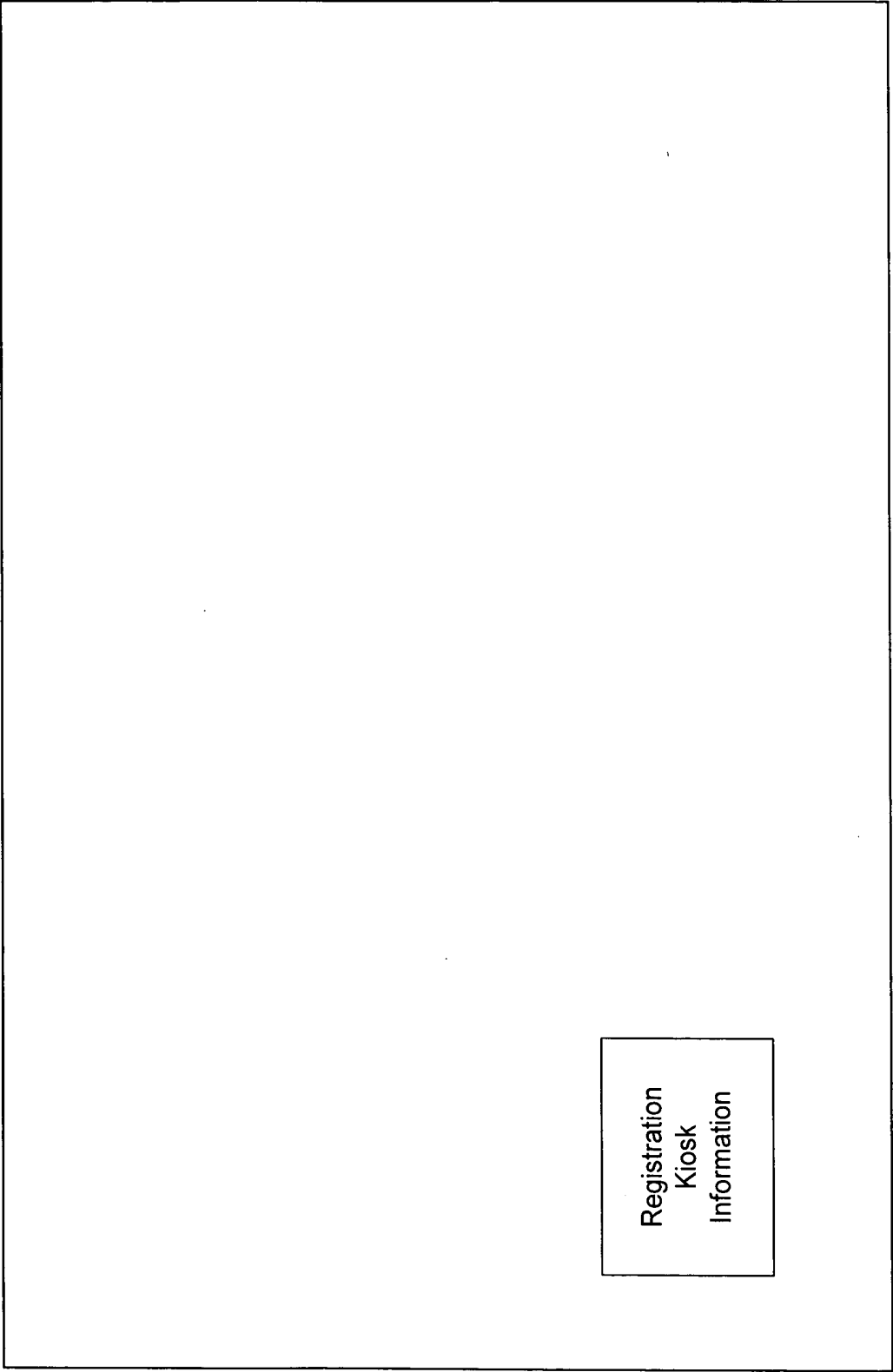
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**Fig. 6**

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Fig. 7a



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Fig. 7b

**Enter patient name and /or other unique identifier:**

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Medical Record Number: \_\_\_\_\_

SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Enter**



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Fig. 7c

**MAIN MENU**

Patient Name: John Doe  
MRN: 12345678

OPTIONS:

PATIENT INFORMATION

INSURANCE INFORMATION

IMAGE OF SCANNED INSURANCE CARD

LINKS TO PROVIDER MANUALS

SAMPLE INSURANCE CARDS

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Fig. 7d

PATIENT INFORMATION	
Patient Name:	<u>John Doe</u>
Date of Birth:	<u>01/01/1960</u>
Medical Record Number:	<u>MR778899</u>
SS#:	<u>012-34-5678</u>
Address:	<u>10 MAIN STREET, BIG CITY</u> <u>MA, 012345</u> <u>US</u>
Home Phone #:	<u>(123) 456-7890</u>
Work Phone #:	<u>(987) 654-3210</u>

CONTINUE

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Fig. 7e

INSURANCE INFORMATION

Insurance Payor (e.g., Blue Cross Blue Shield, Harvard Pilgrim): BCBS

Insurance Type (e.g. HMO, PPO): HMO

Insurance Plan: BLUE CHOICE

Guarantor: XYZ CO

Member #: 012-34-5678

CONTINUE

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Fig. 7f

IMAGE OF SCANNED INSURANCE CARD

FRONT

Plan Logo	PlanType
<hr/>	
PlanCode	
XXH234695	
John C. Doe	
Copayment: \$10.00	

BACK

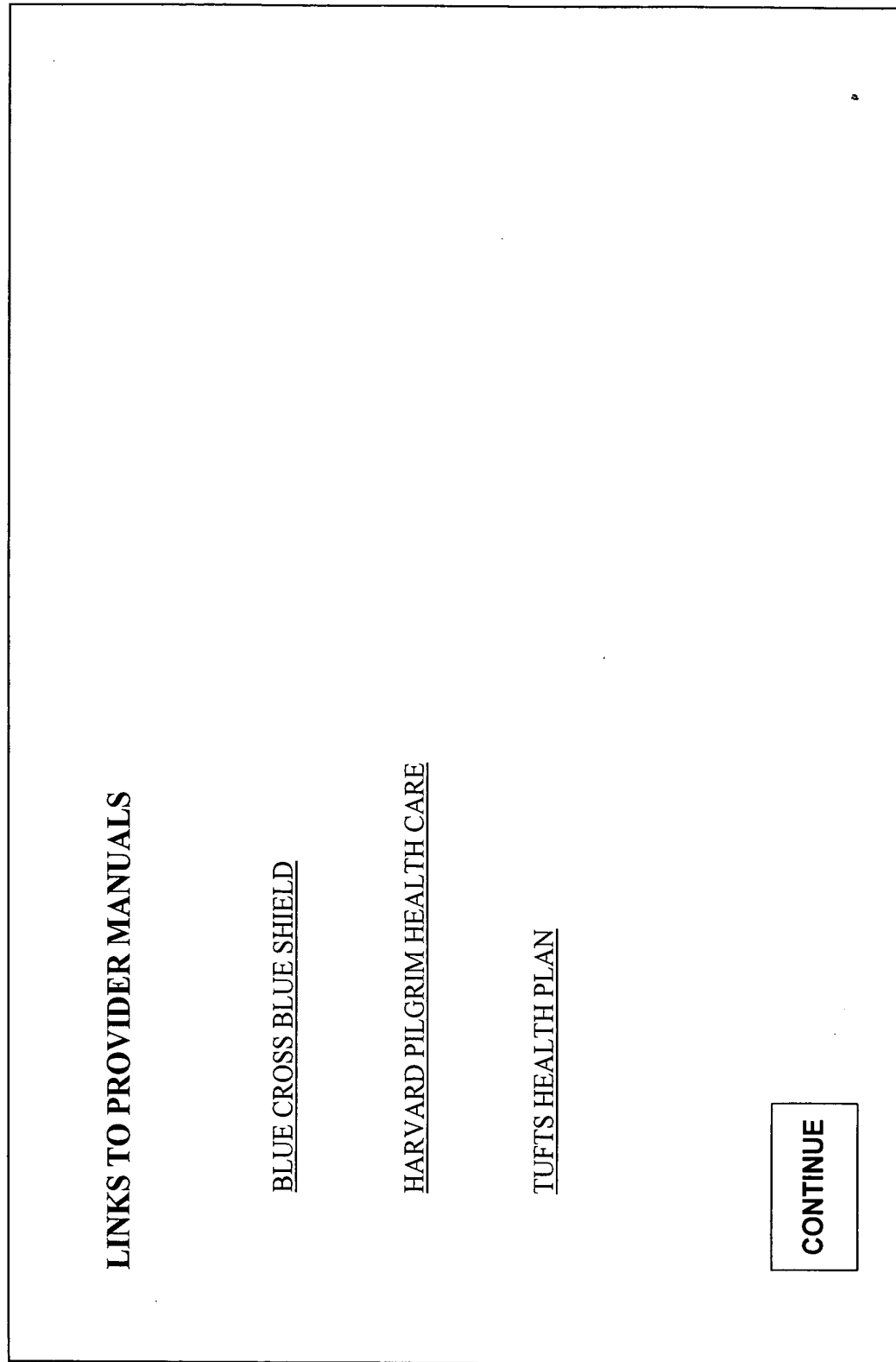
<hr/>
Important Plan Info

UPDATE  
IMAGE

CONTINUE

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**Fig. 7g**



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**Fig. 7h**

**SAMPLE INSURANCE CARDS BY PAYOR:**

BLUE CROSS BLUE SHIELD (four card types)

HARVARD PILGRIM HEALTH (two card types)

TUFTS HEALTH PLAN (three card types)

CONTINUE

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Fig. 7i

**SPLIT SCREEN SHOWING SAMPLE INSURANCE CARD AND PATIENT INSURANCE CARD**

**Sample BCBS Insurance Card**

The phone number for members to call if they have questions is here.

This is the member's ID number. For most plans, the 9 letters and first 9 digits should appear on claims.

The member's name and (for some plans) the medical record number appear here.

**CONTINUE**

**Patient Insurance Card**

**FRONT**

Plan Logo PlanType

PlanCode

XXH234695

John C. Doe

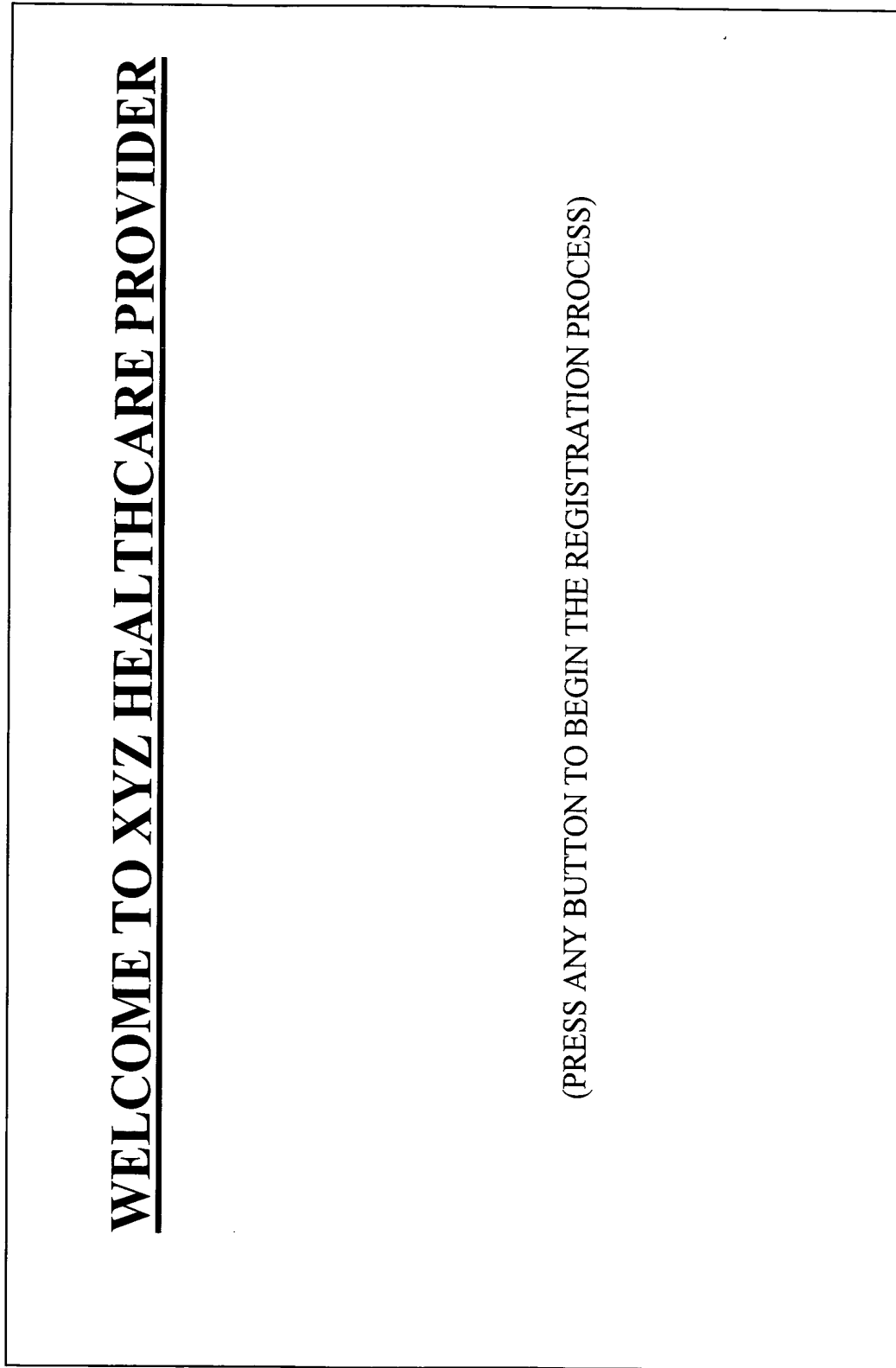
Copayment: \$10.00

**BACK**

Important Plan Info

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**Fig. 8a**





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**Fig. 8b**

Please use the bar code scanner (device #1) to identify yourself by simply swiping the bar code of your hospital card under the scanning device. The bar code is on the back of your hospital card.

Alternatively, you may enter your Patient ID Number in the box below:

**Enter**

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Fig. 8c

PATIENT INFORMATION	
Please review each field for accuracy. If you need to change any information, push the edit button.	
Patient Name:	<u>John C. Doe</u>
Date of Birth:	<u>01/01/1960</u>
Medical Record Number:	<u>MR778899</u>
SS#:	<u>012-34-5678</u>
Address:	<u>10 GOOD STREET, BIG CITY</u> <u>MA, 012345</u> <u>US</u>
Home Phone #:	<u>(123) 456-7890</u>
Work Phone #:	<u>(987) 654-3210</u>
<div>EDIT</div> <div>CONTINUE</div>	

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Fig. 8d

INSURANCE INFORMATION	
Please review each field for accuracy. If you need to change any information, push the edit button.	
Insurance Payor (e.g., Blue Cross Blue Shield, Harvard Pilgrim):	<u>BCBS</u>
Insurance Type (e.g. HMO, PPO):	<u>HMO</u>
Insurance Plan:	<u>BLUE CHOICE</u>
Guarantor:	<u>XYZ CO</u>
Member #:	<u>012-34-5678</u>
<div>EDITCONTINUE</div>	

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**Fig. 8e**

Please scan your insurance card by inserting card into the card slot (device #2). This scanning process will take a moment.

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**Fig. 8f**

Please swipe your insurance card's magnetic strip in card swipe (device #3).

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**Fig. 8g**

Please take receipt printing from device #4 with you to your appointment.

If you would like directions to your appointment, please enter your physician's name or the name of the clinic you are visiting:

Physician's Name:	<input type="text"/>	<input type="button" value="Enter"/>
Name of Clinic:	<input type="text"/>	<input type="button" value="Enter"/>

Directions will print from device #4.

This concludes the registration process. Thank you for your assistance and participation in the self registration process. Have a nice day!

**MAIN  
SCREEN**